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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/923,540-Conf. #2104	
	Filing Date	August 8, 2001	
	First Named Inventor	Kei Hagiwara	
	Art Unit	2655	
	Examiner Name	Jorge Ortiz Criado	
Total Number of Pages in This Submission	1	Attorney Docket Number	R2184.0116/P116

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to Election of Species Requirement
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Request for Change of Inventorship
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	RECEIVED MAR 04 2004 Technology Center 2600
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Gabriela I. Coman, Reg. No. 50,515
Signature	
Date	February 29, 2004

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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known																																																																																																																																																																																																																																											
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/923,540-Conf. #2104																																																																																																																																																																																																																																										
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES MAR 04 2004 Technology Center 2600																																																																																																																																																																																																																																											
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SUBMITTED BY Name (Print/Type) Gabriela Coman Signature		Registration No. (Attorney/Agent) 50,515 Telephone (202) 775-4706 Date March 1, 2004																																																																																																																																																																																																																																											